

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

- (9) identifying community resources and organizations and coordinating resources and activities
 - (10) using assessment tools (e.g. level of function scale, life profile scale)
- c. Abilities to:
 - (1) demonstrate a positive regard for consumers and their families (e.g. treating consumers as individuals, allowing risk taking, avoiding stereotypes of people with mental illness, respecting consumers' and families' privacy, believing consumers are valuable members of society)
 - (2) be persistent and remain objective
 - (3) work as a team member, maintaining effective inter- and intra-agency working relationships
 - (4) work independently, performing position duties under general supervision
 - (5) communicate effectively, verbally and in writing
 - (6) establish and maintain ongoing supportive relationships
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
 - 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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CASE MANAGEMENT SERVICES

§4. Individuals with mental retardation.

A. Target Group. Medicaid eligible individuals who are mentally retarded as defined in state law.

1. An active client for mental retardation case management shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90-days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.
2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to thirty days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two predischARGE periods in twelve months.

B. Areas of State in which services will be provided:

- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B) of the Act.

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D. Definition of Services: Mental retardation services to be provided include:

1. Assessment and planning services, to include developing a Consumer Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);
2. Linking the individual to services and supports specified in the consumer service plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
4. Coordinating services and service planning with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic and recreational services;
6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment;
7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and
8. Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

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TN No. 91-08

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CASE MANAGEMENT SERVICES

E. Qualifications of Providers:

1. Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of §1902(a)(10)(B) of the Act.
2. To qualify as a provider of services through DMAS for rehabilitative mental retardation case management, the provider of the services must meet certain criteria. These criteria shall be:
 - a. The provider must guarantee that clients have access to emergency services on a 24-hour basis;
 - b. The provider must demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;
 - c. The provider must have the administrative and financial management capacity to meet state and federal requirements;
 - d. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;
 - e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and
 - f. The provider must be certified as a mental retardation case management agency by the DMHMRSAS.

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CASE MANAGEMENT SERVICES

3. Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager must possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities. The incumbent must have at entry level the following knowledge, skills and abilities. These must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).
 - a. Knowledge of:
 - (1) the definition, causes and program philosophy of mental retardation
 - (2) treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination
 - (3) different types of assessments and their uses in program planning
 - (4) consumers' rights
 - (5) local community resources and service delivery systems, including support services, eligibility criteria and intake process, termination criteria and procedures and generic community resources
 - (6) types of mental retardation programs and services
 - (7) effective oral, written and interpersonal communication principles and techniques
 - (8) general principles of record documentation
 - (9) the service planning process and the major components of a service plan
 - b. Skills in:
 - (1) interviewing
 - (2) negotiating with consumers and service providers
 - (3) observing, recording and reporting behaviors

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- (4) identifying and documenting a consumer's needs for resources, services and other assistance
- (5) identifying services within the established service system to meet the consumer's needs
- (6) coordinating the provision of services by diverse public and private providers
- (7) using information from assessments, evaluations, observation and interviews to develop service plans
- (8) formulating, writing and implementing individualized consumer service plans to promote goal attainment for individuals with mental retardation;
- (9) Using assessment tools
- (10) Identifying community resources and organizations and coordinating resources and activities

c. Abilities to:

- (1) demonstrate a positive regard for consumers and their families (e.g. treating consumers as individuals, allowing risk taking, avoiding stereotypes of people with mental retardation, respecting consumers' and families' privacy, believing consumers can grow)
- (2) be persistent and remain objective
- (3) work as team member, maintaining effective inter- and intra-agency working relationships
- (4) work independently, performing position duties under general supervision
- (5) communicate effectively, verbally and in writing
- (6) establish and maintain ongoing supportive relationships

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payments for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

§5. Individuals with mental retardation and related conditions who are participants in the Home and Community-Based Care waivers for persons with mental retardation and related conditions.

A. Target group: Medicaid eligible individuals with mental retardation and related conditions, or a child under 6 years of age who is at developmental risk, who have been determined to be eligible for Home and Community Based Care Waiver Services for persons with mental retardation and related conditions.

1. An active client for waiver case management shall mean and individual who receives at least one face-to-face contact every 90 days and monthly on-going case management interactions. There shall be no maximum service limits for case management services. Case management services may be initiated up to 3 months prior to the start of waiver services, unless the individual is institutionalized.
2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to thirty days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two predischarge periods in twelve months.

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CASE MANAGEMENT SERVICES

B. Areas of State in which services will be provided:

- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Mental retardation case management services to be provided include:

1. Assessment and planning services, to include developing a Consumer Service Plan (does not include performing medical and psychiatric assessment but does not include referral for such assessment);
2. Linking the individual to services and supports specified in the consumer service plan;
3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;
4. Coordinating services with other agencies and providers involved with the individual;
5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic and recreational services;

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6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment; and
7. Following-up and monitoring to assess ongoing progress and ensuring services are delivered; and
8. Education and counseling which guides the client and develop a supportive relationship that promotes the service plan.

E. Qualifications of Providers:

1. Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to seriously or chronically mentally ill or mentally retarded individuals without regard to the requirements of §1902(a)(10)(B) of the Act.
2. To qualify as a provider of services through DMAS for rehabilitative mental retardation case management, the provider of the services must meet certain criteria. These criteria shall be:
 - a. The provider must guarantee that clients have access to emergency services on a 24 hour basis;
 - b. The provider must demonstrate the ability to serve individuals in need of comprehensive services regardless of the individuals' ability to pay or eligibility for Medicaid reimbursement;
 - c. The provider must have the administrative and financial management capacity to meet state and federal requirements;
 - d. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;
 - e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and
 - f. The provider must be certified as a mental retardation case management agency by the DMHMRSAS.

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3. Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager must possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities, at the entry level. These must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).

a. Knowledge of:

- (1) the definition, causes and program philosophy of mental retardation
- (2) treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;
- (3) different types of assessments and their uses in program planning
- (4) consumers' rights
- (5) local service delivery systems, including support services
- (6) types of mental retardation programs and services
- (7) effective oral, written and interpersonal communication principles and techniques
- (8) general principles of record documentation
- (9) the service planning process and the major components of a service plan

b. Skills in:

- (1) interviewing
- (2) negotiating with consumers and service providers
- (3) observing, records and reporting behaviors
- (4) identifying and documenting a consumer's needs for resources, services and other assistance
- (5) identifying services within the established service system to meet the consumer's needs
- (6) coordinating the provision of services by diverse public and private providers

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